



Wood Stove Replacement Registration Packet

(To be filled out by the property owner.)

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Before completing this form, you must read the Wood Stove Replacement Program Handbook located at:

<http://www.placer.ca.gov/Departments/Air/woodstoveprogram.aspx>

Registration Packet Instructions:

1. First you must be able to identify whether your currently installed wood burning appliance is non EPA certified. To do this here are some tips to help you:



All open hearth fireplaces are typically non EPA certified.

Wood stoves/inserts with doors that are solid metal (no windows) tend to be non EPA certified.

Appliances installed or purchased prior to 1992 tend to be non EPA certified.



If your stove is EPA certified then it will have a data plate located on the back of it. It will look similar to the image on the left.

If you know the make and model of your stove, then look at the "List of EPA Certified Wood Stoves". If your stove is not on the list, then it is not EPA certified.

Contact your wood stove retailer to help confirm the type of appliance you have.

2. Fill out completely the Registration Form on pages 3 and 4 below. These forms can either be typed in or hand written. Please print legibly.
3. In addition, fill out the following forms:
 - a. Financial Assistance Form - If you meet the qualifications for additional funding, which would allow you an incentive amount of up to \$1500, then you should fill out this form.



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- b. If you do not meet the qualifications for financial assistance, then do not fill out this form. [Click here](#) to download the Financial Assistance Form.

Note - The Redevelopment Agency of Placer County may be able to assist you with low interest loans and additional financial assistance outside the scope of this program. For more information contact: Joyce Pope at (530) 745-3168.

- Attach to the Financial Assistance Form a copy of your most recent federal tax return in order to verify income.
4. Attach a color photo(s) of the appliance you intend to upgrade. Include in your photo(s) any identifying marks (data plate, name, model, numbers, etc...) that might help in identifying the type of appliance it is. If you cannot provide a photo, then the District will assist you in this manner.
5. Mail or hand deliver your complete original application package to the Placer County Air Pollution Control District. Business hours are from 8:00 am to 5:00 pm, Monday through Friday. Forms that are faxed or emailed will not be accepted.

Address:

PCAPCD

Wood Stove Replacement Program
3091 County Center Drive, Suite 240
Auburn, CA 95603

6. Applications are accepted year round, however, the District will only issue vouchers from May 12 to June 15 and from September 1 until October 31. All applications received will be kept on file and will be funded in the order received and when funding is available.
7. The District will mail a letter to all applicants, notifying them of their current status for a voucher, unless the voucher is going to be issued directly.
8. Once the voucher is approved and mailed to the applicant, applicants have 90 days to complete the process. The applicant must have the voucher in hand prior to the purchase of a new heating appliance.
9. This program is projected to end on December 31, 2011.
10. Depending on funding availability, incentive levels may vary each year due to funding availability.
11. For questions and more information, go to www.placer.ca.gov/apcd or call (530) 745-2316.



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Date:			
Last Name:		First Name:	

Stove Location:			
Street:			
City:		Zip:	

Mailing Address (if different from above):					
Street:					
City:		Zip:		State:	

Daytime Phone:		Evening Phone:	
Email address:			

Old Wood Burning Appliance to be replaced (refer to the instructions on pg. 2 for tips on identifying):			
Manufacturer (if known):			
Name (if known)		Model (if known):	

Approximate age of appliance:	
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I have included the Following in this Packet:	
<input type="checkbox"/> Financial Assistance Form (only required if applying for additional financial assistance)	
<input type="checkbox"/> Photo of existing appliance (required by program guidelines)	
How do you wish to receive program updates?	Email <input type="checkbox"/> Mail <input type="checkbox"/>
Is your current appliance operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you already purchased the new heating appliance which you are requesting funding for under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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In order to participate in this program, you must agree to the following. Please initial the boxes to verify that you have read each condition:

- ☐ I am the legal owner of the property which contains the noncertified appliance being replaced under this program and have the legal authority to participate in this program.
- ☐ I understand that, pending available funding and eligibility, a voucher will be issued for the purchase of a new EPA Phase II certified woodstove/insert, pellet stove, or a gas stove. I further understand that the voucher will expire 90 days after date of voucher issuance and it will only remain valid if all requirements of this program are met.
- ☐ I understand and agree that I cannot resell, give away, or salvage my old wood burning appliance. It must be rendered inoperable.
- ☐ I have read, understand, and agree to all of the provisions in the Burn Bright Burn Right Wood Stove Incentive Program and all of the details therein.
- ☐ I give authorization to Placer County Air Pollution Control District (District) staff to conduct all necessary on site inspections of the old appliance being replaced and of the new installed appliance, in order to verify that the requirements of this program have been met.
- ☐ I understand and agree that the choice of new qualifying heating appliances, the chosen retailer, contractors, manufacturers, dealers, purchase of material, work performed, and payment thereof is my sole responsibility. I waive any claims against the Placer County Air Pollution Control District arising out of program participation, the installation, and/or uses of the heating appliance referenced in this program and hold the District harmless from such claims. I understand that the District makes no representations regarding retailers, manufacturers, dealers, contractors, materials and workmanship.
- ☐ I am responsible for meeting all program requirements and guidelines as set forth in the Wood Stove Replacement Program Handbook and for complying with my state/county/civic government and/or home owner association (if any) requirements in my area regarding local conditions, restrictions, codes, ordinances, rules, and regulations prior to installation.
- ☐ I understand that the District is not responsible for items lost or destroyed in the mail.
- ☐ I understand that this program is "first come first serve" and that incentive funds are not guaranteed.
- ☐ I am currently not in any contractual agreement nor have I purchased an EPA certified appliance, pellet stove, or gas appliance which is to be considered for funding through this program.
- ☐ The appliance that is to be replaced under this program is currently installed and is operational.



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Please answer the following survey questions (for informational purposes only):

The wood burning appliance to be replaced is the primary source of heat yes ☐ no ☐

Estimate the amount of wood used annually:

How did you hear about the wood stove program?

Type of heating appliance to be replaced:

- ☐ Non-EPA certified free standing wood stove
- ☐ Non-EPA certified insert
- ☐ Non-EPA certified fireplace

Type of heating device to be purchased:

- ☐ Certified EPA Phase II free standing wood stove
- ☐ Certified EPA Phase II wood burning insert
- ☐ Gas (natural gas or propane) stove/insert
- ☐ Pellet Stove

I have read and understand the above terms and conditions. I certify that the information I have provide is true and correct and that the conditions for which I am requesting a voucher meet the requirements and guidelines listed in the program.

Print Name:

Signature: _____

Date: